

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: CT
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2005	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: State of Connecticut Department of Public Health		Organizational Unit: Public Health Initiatives Branch	
Address (give city, county, state and zip code) 410 Capitol Avenue MS 11FHS P.O. Box 340308 Hartford, CT 06134 County: Hartford		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Richard Edmonds, Branch Chief Tel Number: 860-509-7655	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">06-600078</div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">93994</div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide comprehensive program of MCH services	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant 1	b. Project 1-6
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>4,974,598.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>345,563.00</u>		
c. State	\$ <u>7,093,000.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>12,413,161.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative J. Robert Galvin, M.D., M.P.H.		b. Title Commissioner of Public Health	c. Telephone Number 860-509-7101
d. Signature of Authorized Representative		e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)
Prescribed by OMB A-102

[Secs. 504 (d) and 505(a)(3)(4)]

\$ 13,705,087

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: CT

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 5,194,317	\$ 4,653,203	\$ 5,081,795	\$ 0	\$ 4,974,598	\$ 0
2. Unobligated Balance (Line2, Form 2)	\$ 197,803	\$ 197,803	\$ 407,636	\$ 0	\$ 345,563	\$ 0
3. State Funds (Line3, Form 2)	\$ 6,823,652	\$ 7,361,250	\$ 7,101,000	\$ 0	\$ 7,093,000	\$ 0
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 12,215,772	\$ 12,212,256	\$ 12,590,431	\$ 0	\$ 12,413,161	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 1,761,177	\$ 1,761,177	\$ 1,383,058	\$ 0	\$ 1,291,926	\$ 0
9. Total (Line11, Form 2)	\$ 13,976,949	\$ 13,973,433	\$ 13,973,489	\$ 0	\$ 13,705,087	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: CT

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 4,874,049	\$ 4,869,568	\$ 4,869,568	\$ 4,179,548	\$ 5,002,767	\$ 4,297,947
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 376,387	\$ 716,724	\$ 518,755	\$ 0	\$ 337,603	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 9,327,940	\$ 8,059,989	\$ 9,413,970	\$ 8,948,734	\$ 8,223,336	\$ 7,019,981
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 14,578,376	\$ 13,646,281	\$ 14,802,293	\$ 13,128,282	\$ 13,563,706	\$ 11,317,928
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 7,434,389	\$ 1,473,910	\$ 7,545,070	\$ 2,104,319	\$ 2,193,260	\$ 1,420,040
9. Total <i>(Line11, Form 2)</i>	\$ 22,012,765	\$ 15,120,191	\$ 22,347,363	\$ 15,232,601	\$ 15,756,966	\$ 12,737,968
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2003
Field Note:
Expended differs from Budgeted amount due to a delay in hiring of several positions. Also accounting for the difference in Expended amount is the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
The difference in amount expended vs. budgeted is due to a delay in refilling of several positions vacated during FFY2004, as well as a delay in payment of contracted services.
3. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
FY2003 Unobligated Balance: Expended differs from budgeted amount due to a delay in hiring of several positions. Also accounting for the difference in Expended amount is the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.

Since the Federal Allocation was not spent, the unobligated balance was not utilized.
4. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
FY2003 State Funds: Expended differs from Budgeted due to almost \$1 million in budget cuts made to SBHCs as part of the Governor's budget reductions.
5. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
FY2003 Other Federal Funds: Expended differs from Budgeted due to finalization of NHSC Search Program, Birth Defects Surveillance Grant and the Oral Health Promotion and Training Grant.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: CT

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 663,574	\$ 696,818	\$ 852,454	\$ 0	\$ 879,080	\$ 0
b. Infants < 1 year old	\$ 1,954,721	\$ 1,881,346	\$ 1,712,365	\$ 0	\$ 1,789,691	\$ 0
c. Children 1 to 22 years old	\$ 5,801,894	\$ 6,668,149	\$ 6,127,694	\$ 0	\$ 5,827,874	\$ 0
d. Children with Special Healthcare Needs	\$ 3,551,180	\$ 2,861,173	\$ 3,677,477	\$ 0	\$ 3,569,234	\$ 0
e. Others	\$ 0	\$ 0	\$ 41,433	\$ 0	\$ 92,995	\$ 0
f. Administration	\$ 244,403	\$ 104,770	\$ 179,008	\$ 0	\$ 254,287	\$ 0
g. SUBTOTAL	\$ 12,215,772	\$ 12,212,256	\$ 12,590,431	\$ 0	\$ 12,413,161	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 330,484		\$ 330,000		\$ 330,484	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 579,682		\$ 953,058		\$ 740,240	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Primary Care	\$ 151,511		\$ 0		\$ 121,202	
Loan Repayment	\$ 294,500		\$ 0		\$ 0	
Various Funds	\$ 305,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 1,761,177		\$ 1,383,058		\$ 1,291,926	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: CT

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 945,848	\$ 738,963	\$ 1,162,226	\$ 596,076	\$ 730,397	\$ 778,046
b. Infants < 1 year old	\$ 2,121,659	\$ 2,179,926	\$ 2,437,519	\$ 1,771,245	\$ 2,171,024	\$ 1,691,535
c. Children 1 to 22 years old	\$ 7,164,402	\$ 6,512,343	\$ 7,507,904	\$ 6,714,150	\$ 7,174,231	\$ 6,071,776
d. Children with Special Healthcare Needs	\$ 3,870,536	\$ 4,005,922	\$ 3,230,438	\$ 3,778,710	\$ 3,225,961	\$ 2,573,054
e. Others	\$ 122,717	\$ 0	\$ 156,406	\$ 0	\$ 0	\$ 32,001
f. Administration	\$ 353,214	\$ 209,127	\$ 307,800	\$ 268,101	\$ 262,093	\$ 171,516
g. SUBTOTAL	\$ 14,578,376	\$ 13,646,281	\$ 14,802,293	\$ 13,128,282	\$ 13,563,706	\$ 11,317,928
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 130,936	
c. CISS	\$ 75,000		\$ 75,000		\$ 0	
d. Abstinence Education	\$ 330,484		\$ 330,484		\$ 330,484	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 5,676,080		\$ 5,885,440		\$ 0	
i. CDC	\$ 614,765		\$ 613,437		\$ 613,437	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Loan Repayment	\$ 0		\$ 294,500		\$ 294,500	
NHSC Search	\$ 0		\$ 125,000		\$ 153,828	
Primary Care	\$ 638,060		\$ 121,209		\$ 121,209	
Various Funds-See Notes	\$ 0		\$ 0		\$ 548,866	
III. SUBTOTAL	\$ 7,434,389		\$ 7,545,070		\$ 2,193,260	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expend
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
FY2003 Infants <1 year old: Expended differs from Budgeted amount due to the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expend
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
FY2003 Children 1 to 22 years old: Expended differs from budgeted amount due to almost \$1 million in budget cuts made to SBHCs as part of the Governor's budget reductions.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expend
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2004
Field Note:
The difference in amount expended vs. budgeted is due to a delay in refilling of several position vacated during FFY2004, as well as a delay in payment of contracted services.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpend
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
FY2003 CSHCN: Expended differs from budgeted amount due to the reapportionment of staff time to different population groups and also due to a shift in the selection of State programs used to comprise the State Match.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpend
Row Name: CSHCN
Column Name: Expended
Year: 2004
Field Note:
The difference in amount expended vs. budgeted is due to a delay in refilling of several position vacated during FFY2004, as well as a delay in payment of contracted services.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpend
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
FY2003 All Others: Expended differs from budgeted amount due to the reapportionment of WMACH staff time to serving men and non-childbearing women.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpend
Row Name: Administration
Column Name: Expended
Year: 2003
Field Note:
FY2003 Administration: Administrative support staff retired and the position was not refilled.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpend
Row Name: Administration
Column Name: Expended
Year: 2004
Field Note:
The difference in amount expended vs. budgeted is due to a delay in refilling of several position vacated during FFY2004, as well as a delay in payment of contracted services.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: CT

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,900,550	\$ 5,355,294	\$ 4,489,036	\$ 0	\$ 4,484,737	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,408,519	\$ 2,047,620	\$ 2,638,757	\$ 0	\$ 2,432,925	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 557,452	\$ 464,793	\$ 485,450	\$ 0	\$ 724,644	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,349,251	\$ 4,344,549	\$ 4,977,188	\$ 0	\$ 4,770,855	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,215,772	\$ 12,212,256	\$ 12,590,431	\$ 0	\$ 12,413,161	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: CT

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 324,368	\$ 4,901,684	\$ 3,626,083	\$ 5,024,758	\$ 5,571,420	\$ 4,402,608
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 7,191,010	\$ 3,316,234	\$ 4,846,365	\$ 2,590,471	\$ 2,211,877	\$ 1,932,420
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,031,242	\$ 414,046	\$ 1,313,764	\$ 513,587	\$ 520,066	\$ 453,825
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,031,756	\$ 5,014,317	\$ 5,016,081	\$ 4,999,466	\$ 5,260,343	\$ 4,529,075
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 14,578,376	\$ 13,646,281	\$ 14,802,293	\$ 13,128,282	\$ 13,563,706	\$ 11,317,928

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
FY2003 Direct Health Care Services: Expended differs from Budgeted due to budget cuts made to SBHCs as part of the Governor's budget reductions.
2. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
FY2003 Enabling Services: Expended differs from Budgeted amount due to the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2004
Field Note:
The difference in amount expended vs. budgeted is due to a delay in refilling of several positions vacated during FFY2004, as well as a delay in payment of contracted services.
4. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
FY2003 Population-Based Services: Expended differs from Budgeted amount due to a delay in hiring of several positions.
5. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
The difference in amount expended vs. budgeted is due to a delay in refilling of several positions vacated during FFY2004, as well as a delay in payment of contracted services.
6. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
FY2003 Infrastructure Building Services: Expended differs from Budgeted amount due to a delay in hiring of several positions. Also, accounting for the difference were budget cuts made to SBHCs as part of the Governor's budget reductions and the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: CT						
Total Births by Occurrence: <u>42,545</u>				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	<u>42,545</u>	<u>100</u>	<u>87</u>	<u>0</u>	<u>0</u>	
Congenital Hypothyroidism	<u>42,545</u>	<u>100</u>	<u>128</u>	<u>14</u>	<u>14</u>	<u>100</u>
Galactosemia	<u>42,545</u>	<u>100</u>	<u>40</u>	<u>0</u>	<u>0</u>	
Sickle Cell Disease	<u>42,545</u>	<u>100</u>	<u>42</u>	<u>26</u>	<u>26</u>	<u>100</u>
Other Screening (Specify)						
Biotinidase Deficiency	<u>42,545</u>	<u>100</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>100</u>
Hemoglobinopathies	<u>42,545</u>	<u>100</u>	<u>809</u>	<u>0</u>	<u>0</u>	
Homocystinuria	<u>42,545</u>	<u>100</u>	<u>45</u>	<u>0</u>	<u>0</u>	
Congenital Adrenal Hyperplasia (CAH)	<u>42,545</u>	<u>100</u>	<u>36</u>	<u>2</u>	<u>2</u>	<u>100</u>
Maple Syrup Urine Disease (MSUD)	<u>42,545</u>	<u>100</u>	<u>56</u>	<u>0</u>	<u>0</u>	
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

- (1) Number of CY2004 births as of 5/05/05.
(2) No. Confirmed Cases (2) Confirmation results pending by disease are as follows: PKU-4, CH-9, Hemoglobinopathies-6, CAH-1, Homocystinuria-1, MSUD-2
(3) Indicates number of "First Blood" screens in CY2004. This number would include samples obtained on babies born in CT, babies born out of state, adopted babies born in another state or country, and any other child for whom proof of NBS is unavailable. Also, there is an overlap of babies born in December of 2003 (actually tested in 2004) as there will be with the babies born in December 2004 (will be tested in 2005). Unsatisfactory specimen reports from the State Laboratory are aggressively monitored and tracked by the Tracking Unit to assure that a satisfactory specimen is received.
(4) Confirmed 2 Hyperphe and 1 Benign Hyperphe.
(5) Confirmed 3 DG, 1DD, and 1 other Galt variant.
(6) Hemoglobin Traits - (B) No. Presumptive Positive Screens: 809
NOTE: Hemoglobin Traits are not routinely confirmed.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurrence
Row Name: Total Births By Occurrence
Column Name: Total Births By Occurrence
Year: 2006
Field Note:
Number of CY2004 births as of 5/05/05.
2. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Indicates number of "First Blood" screens in CY2004. This number would include samples obtained on babies born in CT, babies born out of state, adopted babies born in another state or country, and any other child for whom proof of NBS is unavailable. Also, there is an overlap of babies born in December of 2003 (actually tested in 2004) as there will be with the babies born in December 2004 (will be tested in 2005). Unsatisfactory specimen reports from the State Laboratory are aggressively monitored and tracked by the Tracking Unit to assure that a satisfactory specimen is received.

Actual births screened totaled 42,705 which exceeds total births by occurrence figure of 42,545.
3. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Actual births screened totaled 42,705 which exceeds total births by occurrence figure of 42,545.
4. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Actual births screened totaled 42,705 which exceeds total births by occurrence figure of 42,545.
5. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Actual births screened totaled 42,705 which exceeds total births by occurrence figure of 42,545.
6. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
Confirmed 2 Hyperphe and 1 Benign Hyperphe.
7. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2006
Field Note:
Confirmed 3 DG, 1DD, and 1 other Galt variant.
8. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2006
Field Note:
(C) No. Confirmed Cases (2)
Confirmation results pending by disease are as follows:
PKU-4, CH-9, Hemoglobinopathies-6, CAH-1, Homocystinuria-1, MSUD-2

Other Screening (Specify)
Hemoglobin Traits - (B) No. Presumptive Positive Screens: 809
NOTE: Hemoglobin Traits are not routinely confirmed.

Actual births screened totaled 42,705 which exceeds total births by occurrence figure of 42,545.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: CT

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	5,943	93.0	0.0	0.4	1.8	4.8
Infants < 1 year old	45,517	28.4	0.1	68.9	2.6	0.1
Children 1 to 22 years old	104,102	35.0	1.3	13.8	46.6	3.2
Children with Special Healthcare Needs	952	35.3	1.7	52.7	8.2	2.1
Others	51,958	38.4	0.3	18.5	38.4	4.4
TOTAL	208,472					

FORM NOTES FOR FORM 7

This data represents individuals who were served by Title V programs during FFY ending 9/30/04. Participants who have benefitted by more than one program may be counted more than once since there is no mechanism in place currently to provide unduplicated counts across programs. An assumption was made that programs not able to provide "Primary source of coverage" information are similar to those that provided this information in distribution across funders. Counts on form 7 will not match form 8 data which is based, in large part, on Vital Statistics CY2003 data.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: CT

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	43,066	34,828	5,109	253	307	1,682		887
Title V Served	43,066	34,828	5,109	253	307	1,682		887
Eligible for Title XIX	16,936	12,322	4,166	31	66	351		0
INFANTS								
Total Infants in State	42,826	34,666	5,050	251	299	1,681		879
Title V Served	42,826	34,666	5,050	251	299	1,681		879
Eligible for Title XIX	16,857	12,271	4,146	27	65	348		0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	34,961	7,601	504	909	93	4,289	2,031	279
Title V Served	34,961	7,601	504	909	93	4,289	2,031	279
Eligible for Title XIX	11,342	5,594	0					5,594
INFANTS								
Total Infants in State	34,816	7,535	475	898	93	4,251	2,018	275
Title V Served	34,816	7,535	475	898	93	4,251	2,018	275
Eligible for Title XIX	11,289	5,568	0					5,568

FORM NOTES FOR FORM 8

Data Source for Title XIX data = CT Dept of Social Services, enrolled estimates, FFY2002.

Other data is from CT Dept of Public Health, Vital Statistics, CY2003.
The Dept of Public Health's Title V staff serve all infants through the newborn hearing and screening programs. Data for "unduplicated count" of persons served by the Title V program do not reflect the magnitude of services provided in the state in that any given infant might be served on more than one occasion during a year by more than one of the state's multi-faceted Title V supported programs. The number of "Deliveries" is estimated as the number of fetal deaths plus infants. The number "Served by the Title V program" is also estimated as the total for the state since no other available data source tracks this information/categories specific to Title V served.

FIELD LEVEL NOTES

1.

Section Number:

I. Unduplicated Count By Race

Field Name:

InfantsTotal_All

Row Name:

Total Infants in State

Column Name:

Total All Races

Year:

2006

Field Note:

Information in this table is CY2003, Vital Statistics based. Form 7's data is FFY2004 programmatic information.
2.

Section Number:

I. Unduplicated Count By Race

Field Name:

InfantsTitleV_All

Row Name:

Title V Served

Column Name:

Total All Races

Year:

2006

Field Note:

Data in this cell will not match from 7's information in that Form 8's information is CY2003 Vital Statistics based and Form 7 is FFY04 programmatic data.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: CT

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	211 Infoline	Please Dial 211	1-800-505-2000	211	211
2. State MCH Toll-Free "Hotline" Name	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services
3. Name of Contact Person for State MCH "Hotline"	Sharon Tarala	Sharon Tarala	Sharon Tarala	Sharon Tarala	Sharon Tarala
4. Contact Person's Telephone Number	(860) 509-8074	(860) 509-8074	(860) 509-8074	(860) 509-8074	(860) 509-8074
5. Number of calls received on the State MCH "Hotline" this reporting period	0		127,547	111,955	89,636

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: CT

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

The increase in calls to 2-1-1 may be due to increased awareness of the 2-1-1 services, increased utilization of services from clients who have previously called, and/or increased need for MCH services due to decreases in funding for maternal and child health programs in Connecticut.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2004
Field Note:
We have entered a number as required by your formatting. The public, however, accesses this service by dialing "211".
2. **Section Number:** Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2004
Field Note:
The 14% increase in calls to 2-1-1 may be due to increased awareness of the 2-1-1 services, increased utilization of services from clients whoe have previously called, and/or increased need for MCH services due to decreases in funding for maternal and child health programs in CT.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: CT

1. State MCH Administration:
(max 2500 characters)

The Department of Public Health, the state's leader in public health policy and advocacy, is the agency which administers Connecticut's Title V program. Title V funding allows the state to address the health concerns of the Maternal and Child populations in areas of need throughout the state through community-based programs and interventions. These programs include Perinatal Case Management Programs (i.e., Right From the Start, Comadrona and Healthy Start), Genetics and Universal Newborn Screening, Children with Special Health Care Needs, School Based Health Centers (SBHC), and Oral Health. These programs address the health needs of the population along the continuum from birth through the reproductive years. Additionally, state capacity supported by Title V funding allows for ongoing planning and policy-making activities regarding the state's MCH population, whether it be within the department, between state agencies, or in other pertinent statewide health care arenas.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 4,974,598
3. Unobligated balance (Line 2, Form 2)	\$ 345,563
4. State Funds (Line 3, Form 2)	\$ 7,093,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 12,413,161

9. Most significant providers receiving MCH funds:

Charter Oak Community Health Center- RMHSC
Healthy Start (MOA with DSS)
United Way - INFOLine - 211
Yale - New Haven Hospital- RMHSC

10. Individuals served by the Title V Program (Col. A, Form 3)

a. Pregnant Women	5,943
b. Infants < 1 year old	45,517
c. Children 1 to 22 years old	104,102
d. CSHCN	952
e. Others	51,958

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The state CSHCN program will be administered by five Regional Medical Home Support Centers These centers are responsible for coordinating CSHCN access to specialty and subspecialty services, linkage to a medical home, care coordination services, including access of necessary durable medical equipment, medication prescriptions and specialized formulas for children with these special needs that are determined to be eligible as being uninsured or underinsured. The Right From the Start Program (RFTS) provides intensive case management services to pregnant and parenting teens under 20 years of age. The goal of the program is to promote healthy birth outcomes and subsequent repeat births to teens. The program has integrated the USPHS/Smoke Free Families "5As" smoking cessation intervention model for pregnant women. The program also provides breastfeeding information and support. School-Based Health Centers in Connecticut enhance access to health care services for students, especially those most in need, by providing these services in the school setting. School-Based Health Centers provide a wide range of health care services, including dental health, mental health, and social services through an interdisciplinary team. SBHCs are an important source of health care and provide a "medical home" for thousands of uninsured and underinsured children and youth in the state.

b. Population-Based Services:
(max 2500 characters)

The Universal Newborn Screening Program is a population-based initiative that screens all newborns delivered in CT for the diseases as listed in the State Supporting Document section, CT Newborn Screening Program Screened Disorders. Infants with abnormal screening results are referred for comprehensive testing, counseling, education, and treatment services. The program provides increased public health awareness of genetic disorders, public health education, and referrals. The Universal Hearing Screening Program screens all newborns delivered in CT hearing impairments, with referral to 18 Audiology Centers for follow-up and treatment. Newborns in either of these screening programs are referred to the CT Birth to Three System as appropriately eligible. The Department has contracted with an Obstetrician/Gynecologist to perform record reviews for the Pregnancy Related Mortality Surveillance Program. The case summaries are reviewed in collaboration with the Maternal Mortality Subcommittee of the Connecticut State Medical Society. The Medical Society identifies preventable causes of pregnancy-related mortality and, in concert with the DPH, the consultant facilitates educational programs to increase awareness regarding the prevention of such deaths.

c. Infrastructure Building Services:
(max 2500 characters)

The state CYSHCN program as of July, 2005 will be restructured with five Regional Medical Home Support Centers, to develop a community-based system of care coordination for CYSHCN. The RMHSCs will develop pediatric provider (medical homes) networks to identify through screening, children and youth for special health care needs; report this data through the electronic format of DocSite; and through complexity indexing provide care coordination support for those families. Therefore, the RMHSCs will support the improvement of the medical homes for CYSHCN. The CYSHCN program will also continue to facilitate the Medical Home Learning Collaborative and the Medical Home Academy as support systems to the improvement of medical homes' capacity for services to CYSHCN. One RMHSC will act as the fiduciary agent for access of necessary durable medical equipment, medication prescriptions and specialized nutritional formulas for children and youth with these special needs who are either uninsured or underinsured. The Oral Health Program is dedicated to meeting the oral health objectives of Healthy People 2010. Its highest priority is the enhancement of availability and access to quality dental care for underserved children. Programming efforts include: baby bottle tooth decay, school-based dental clinics, oral facial injury prevention, tobacco use cessation, child abuse recognition and reporting, fluoridation surveillance, oral-facial anomalies registry and referral, and dental care providers directory.

12. The primary Title V Program contact person:

Name	Lisa Davis, BSN, MBA
Title	Section Chief, Family Health Section
Address	CT Department of Public Health, 410 Capitol Avenue, N
City	Hartford
State	CT
Zip	06134-0308
Phone	(860) 509-8074
Fax	(860) 509-7720
Email	lisa.davis@po.state.ct.us
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Dorothy Pacyna
Title	Health Program Supervisor
Address	410 Capitol Avenue, MS#11FHS
City	Hartford
State	Connecticut
Zip	06134
Phone	860-509-8057
Fax	860-509-7720
Email	dorothy.pacyna@po.state.ct.us
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: CT

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				100	100
Annual Indicator			100.0	100.0	100.0
Numerator			43	41	43
Denominator			43	41	43
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				59.8	59.8
Annual Indicator			59.8	59.8	59.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	59.8	59.8	59.8	59.8	59.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	56.9	56.9
Annual Indicator	_____	_____	56.9	56.9	56.9
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	56.9	56.9	56.9	56.9	56.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	61.3	61.3
Annual Indicator	_____	_____	61.3	61.3	61.3
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	61.3	61.3	61.3	61.3	61.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				76.8	76.8
Annual Indicator			76.8	76.8	76.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	76.8	76.8	76.8	76.8	76.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				5.8	5.8
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.8	5.8	5.8	5.8	5.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	82	91.4
Annual Indicator	88.0	82.0	78.0	91.1	92.4
Numerator	76,374	71,373	67,372	78,103	79,216
Denominator	86,789	87,040	86,374	85,734	85,732
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	92.8	93.2	93.6	94	94
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	17.9	16.6	16.1	14	14
Annual Indicator	16.7	16.2	14.0	12.9	
Numerator	1,077	1,044	982	906	
Denominator	64,362	64,362	69,947	69,976	
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12.9	12.9	12.8	12.8	12.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	35	30	30	26	30
Annual Indicator	26.0	26.0	26.0	26.0	
Numerator	357	357	357	357	
Denominator	1,374	1,374	1,374	1,374	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.8	0.8	1	0.7	0.7
Annual Indicator	1.1	1.0	0.7	1.5	
Numerator	7	7	5	11	
Denominator	666,135	709,075	729,316	734,933	
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0.9	0.8	0.7	0.6	0.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	69	69.3	69.4	73.2	73.2
Annual Indicator	67.8	69.3	73.2	72.9	73
Numerator	28,923	29,597	30,741	31,219	
Denominator	42,660	42,708	41,996	42,825	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	73	73.1	73.2	73.3	73.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	95	96	95	97	99.9
Annual Indicator	45.5	93.0	96.9	100.0	98.0
Numerator	19,594	39,266	41,347	41,852	41,696
Denominator	43,020	42,231	42,655	41,868	42,545
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	98.2	98.4	98.6	98.9	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	5.6	4.8	4.8	4.5	4.4
Annual Indicator	4.3	4.8	4.5	4.7	4.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4.4	4.4	4.3	4.3	4.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	40.1	44.1	44.1	43.2	44.3
Annual Indicator	43.4	40.1	43.1	44.2	46.9
Numerator	90,390	91,893	101,043	111,992	121,521
Denominator	208,218	229,317	234,466	253,576	258,978
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	47	47	47.1	47.1	47.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1.4	1.5	1.5	1.5	1.5
Annual Indicator	1.6	1.5	1.6	1.5	
Numerator	690	649	663	637	
Denominator	42,660	42,708	41,687	42,564	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.5	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.5	4.5	9.2	5.6	5.6
Annual Indicator	7.8	9.7	5.6	2.6	2.5
Numerator	17	21	13	6	
Denominator	216,627	216,627	230,667	234,895	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.4	2.4	2.4	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	86	86.2	83.1	87.5	87.5
Annual Indicator	82.3	83.1	87.5	87.4	
Numerator	568	539	580	557	
Denominator	690	649	663	637	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	87.5	87.5	87.6	87.6	87.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	89.1	89.1	88.9	88.8	88.9
Annual Indicator	85.5	88.8	88.5	88.8	
Numerator	36,773	36,823	36,358	37,454	
Denominator	43,030	41,478	41,080	42,176	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	88.9	89	89.1	89.2	89.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The percentage of CSHCN clients enrolled in the State CSHCN program that have a written health care service plan. (was numbered 25 in a prior year)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	85%	95%	95%	95	96
Annual Indicator	92.7	95.5	92.6	95.7	91.9
Numerator	644	513	647	512	1,130
Denominator	695	537	699	535	1,229
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	93.5	95	96.5	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The degree to which the Connecticut State Department of Public Health improves mental health screening, assessment, referral and linkages to services and supports in Title V funded programs.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		2	5	9	10
Annual Indicator	0	2	5	9	10
Numerator	0	2	5	9	10
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	12	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Pediatric Mortality due to injury. (The rate of deaths to children aged 1-19 caused by unintentional and intentional injury). (Was #22 in a prior year)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	11.2	10.9	11.5	11.7	11.5
Annual Indicator	11.2	11.9	11.9	9.9	9.9
Numerator	99	105	109	92	
Denominator	882,762	882,629	916,836	927,004	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	9.8	9.8	9.7	9.7	9.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

The degree to which Title V programs target services to racial and/or ethnic groups with disparities in pregnancy outcomes.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective		1	4	7	8
Annual Indicator	0	1	4	6	8
Numerator	0	1	4	6	8
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	8	8	9	10	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

The degree to which the Connecticut Department of Public Health has developed and implemented a Statewide Genetics Plan.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		3	6	8	7
Annual Indicator	0	4	4	6	10
Numerator	0	4	4	6	10
Denominator	10	10	10	10	10
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report accurate information on pregnancy-related mortality.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		2	4	5	6
Annual Indicator	1	3	5	5	6
Numerator	1	3	5	5	6
Denominator	7	7	7	7	7
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

The degree to which the State of Connecticut Department of Public Health improves education, diagnosis, and case management for asthma.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		1	8	11	12
Annual Indicator	0	1	8	10	14
Numerator	0	1	8	10	14
Denominator	14	14	14	14	14
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	14	14	14	14	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent of community-based public health care facilities that provide comprehensive dental services for needy or vulnerable children and their families.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	35%	37%	38.5%	36	42
Annual Indicator	33.3	36.3	42.5	41.2	41.2
Numerator	29	37	48	49	49
Denominator	87	102	113	119	119
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	42	43	44	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report information on all children with special health care needs in the State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>4</u>	<u>10</u>	<u>16</u>	<u>17</u>	<u>15</u>
Annual Indicator	<u>4</u>	<u>7</u>	<u>9</u>	<u>13</u>	<u>13</u>
Numerator	<u>4</u>	<u>7</u>	<u>9</u>	<u>13</u>	<u>13</u>
Denominator	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>15</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

NPM#1 See Form 6 for more details on DPH newborn screening, cy2004.

NPM#2-6 National SLAITS Survey, 2002.

NPM#7 Centers for Disease Control N.I.S. data Q32003-Q22004 survey for 4: 3: 1: 3: 3:.. CT ranks #1 among states for immunization success rate. Denominator represents CY 2001-2002 resident births. The numerator is not an actual #, but a synthetic estimate based on the percentage derived from the National Immunization Survey Sampling data of children with DOB 8/00-11/02.)

NPM#8,10,15,16,18 CDPH Vital Statistics for Connecticut are provisional for 2003 at this time. We do not anticipate having final 2004 data until a year from now.

NPM#9 Data for this measure requires a state survey of third grade children. CT has no new data since the last such survey was funded SFY2000.

NPM#11 2003 CDC's N.I.S. reported percentage of 72.9 has a confidence interval of +/- 5.3% . Prior years' data source was Ross Labs. The N.I.S. data compares closely with Mother's Survey, Ross Products Division, Abbott Laboratories, Inc. for the same time period. Ross' percent of 69.4 is derived from CY2003 mail survey sampling. Numerator and denominator derived from projections to DPH birth data.

NPM#12 CY2004 CT Newborn Screening Program data matched with EVRS and AVIS system. The newborn hearing screening program started in 2000.

NPM#13 US Bureau of the Census, Current Population Survey based on three year rolling averages, 2003.

NPM#14 CT Dept of Social Services, Form CMS416, FFY2004.

NPM#17 CT Dept of Public Health, Vital Statistics CY2003 Provisional.

Eleven of CT's acute hospitals with self-declared NICU's were included in this survey.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2002

Field Note:

Source: CY2002 CDPH Newborn screening program for percent confirmed cases who also received appropriate followup. (See also Form 6) Last matching of all births with screenings showed 99.98% of newborns screened.

2. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

Source: CY2003 CDPH Newborn screening program supplied the percentage of confirmed cases who also received appropriate followup. (For more info. on CT's newborn screening procedures/data see also the detailed note with Form 6.)

3. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

Source: CY2004 CDPH Newborn Screening program supplied the percentage of confirmed cases who also received appropriate followup. (For more info. on CT's newborn screening procedures/data see also the detailed note with Form 6.)

4. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2002

Field Note:

Source: SLAITS, 2002

5. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

6. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2004 for this performance measure. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

7. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS.

8. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 from the SLAITS Survey have pre-populated the data for 2003 for this performance measure.

9. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2002 from the SLAITS Survey have pre-populated the data for 2004 for this performance measure.

10. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2002
Field Note:
Source: SLAITS, 2002
11. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2003 for this performance measure.
12. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2004 for this performance measure.
13. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
14. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2003 for this performance measure.
15. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2004 for this performance measure.
16. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2002
Field Note:
Source: SLAITS, 2002
17. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2003 for this performance measure.
18. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2004 for this performance measure.
19. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2002
Field Note:
Source: Centers for Disease Control N.I.S. data 2001 survey for 4: 3: 1: 3: 3:. Note the % has decreased due to increase in shots tracked. CT still is a leader among states for immunization success rate. (Numerator & Denominator are census projections based on the percentage derived from the National Immunization Survey data.)
20. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2003
Field Note:
Source: Centers for Disease Control N.I.S. data 2002 survey for 4: 3: 1: 3: 3:. CT ranks #1 among states for immunization success rate. Denominator represents CY 2000-2001 resident births. The numerator is not an actual #, but a synthetic estimate based on the percentage derived from the National Immunization Survey Sampling data of children with DOB 8/99-11/01.) Web source: http://www.cdc.gov/nip/coverage/nis/02-03/tab03_antigen_state.xls
21. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:

Column Name:**Year:** 2004**Field Note:**

Source: Centers for Disease Control N.I.S. data Q32003-Q22004 survey for 4: 3: 1: 3: 3:.. CT ranks #1 among states for immunization success rate. Denominator represents CY 2001-2002 resident births. The numerator is not an actual #, but a synthetic estimate based on the percentage derived from the National Immunization Survey Sampling data of children with DOB 8/00-11/02.)

22. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2002**Field Note:**

Source: CT Dept of Public Health, Vital Statistics 2001

23. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2003**Field Note:**

CDPH Vital Statistics for Connecticut are provisional for 2003 at this time. We do not anticipate having final 2004 data until a year from now.

24. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2004**Field Note:**

We do not anticipate having final 2003 and provisional 2004 data until a year from now. The 2004 annual objective field is "locked in" from last year and will not allow us to change the objective to reflect our most recent experience. If we were able to change this field we would have modified the objective for 2004 to read 12.9 NOT 14.0 which would be a goal in the OPPOSITE direction to an improved experience.

25. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2002**Field Note:**

Source: This data is from SFY2000 Oral Health Survey, CT DPH.

Revised data may become available when future funding allows for another survey.

26. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data for this measure requires a state survey of third grade children.

CT has no new data since the last such survey was funded SFY2000.

27. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for this measure requires a state survey of third grade children.

CT has no new data since the last such survey was funded SFY2000.

28. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2002**Field Note:**

Source: CT Dept of Public Health, Vital Statistics 2001

29. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2003**Field Note:**

CT Department of Public Health, Vital Statistics, 2002.

30. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2004**Field Note:**

We do not anticipate having provisional 2004 data until a year from now.

The form would not allow modification of the 2004 objective now based on our newly acquired data for 2003. If we had the opportunity to adjust this figure our objective for next year's reporting would be 1.0 representing a 33% improvement (downward direction) from the current 1.5 rate. The "locked-in" rate of .7 as an objective for 2004 would be a rather unrealistic 53% improvement compared to our most current rate.

31. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2002**Field Note:**

Source: Mother's survey, Ross Products Division, Abbott Laboratories, Inc. Percent is derived from CY2001 mail survey sampling with numerator and denominator derived from projections to DPH birth data.

32. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2003
Field Note:
Source: 2003 CDC's N.I.S. reported percentage of 72.9 has a confidence interval of +/- 5.3% . Prior years' data source was Ross Labs. The N.I.S. data compares closely with Mother's Survey, Ross Products Division, Abbott Laboratories, Inc. for the same time period. Ross' percent of 69.4 is derived from CY2003 mail survey sampling. Numerator and denominator derived from projections to DPH birth data.
33. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2004
Field Note:
Source: 2003 CDC's N.I.S. has a confidence interval of +/- 5.3% compares closely with Mother's survey, Ross Products Division, Abbott Laboratories, Inc. Percent of 69.4 is derived from CY2003 mail survey sampling with numerator and denominator derived from projections to DPH birth data.
34. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CY2002 Newborn Screening program data matched with EVRS and AVIS system. No data available for prior years 1998 and 1999 since the program started in 2000.
35. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2003
Field Note:
CY2003 CT Newborn Screening Program data matched with EVRS and AVIS system. No data available for 1999 or prior as the program started in 2000.
36. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2004
Field Note:
CY2004 CT Newborn Screening Program data matched with EVRS and AVIS system. The newborn hearing screening program started in 2000.
37. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2002
Field Note:
Source: US Bureau of the Census, Current Population Survey based on three year rolling averages, 2001.
38. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2003
Field Note:
Source: US Bureau of the Census, Current Population Survey based on three year rolling averages, 2002.
39. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2004
Field Note:
Source: US Bureau of the Census, Current Population Survey based on three year rolling averages, 2003.
40. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Social Services, Form CMS 416 FFY2002
41. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2003
Field Note:
CT Dept of Social Services, Form CMS416, FFY2003.
42. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2004
Field Note:
CT Dept of Social Services, Form CMS416, FFY2004.
43. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:

- Year:** 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CT2001 Provisional
44. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, Vital Statistics, CY2003 Provisional
45. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available at this time.
46. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001 Provisional
47. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2003 Provisional
48. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2004
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2004 data are not expected to be available until a year from now. The 2.5 rate represents what we would like to change the 2004 annual performance objective goal to read based on our most recent experience i.e. 2003 data. This field is "locked" by the TVIS form's programming at what we entered last year based on 2002 experience.
49. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001 Provisional
50. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2003 Provisional.
Eleven of CT's acute hospitals with self-declared NICU's were included in this survey.
51. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available now, anticipated a year from now.
52. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001 Provisional
53. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2003 Provisional
54. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2004
Field Note:
CY 2004 Vital Statistics data are expected to become available one year from now.
55. **Section Number:** State Performance Measure #1

- Field Name:** SM1
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CSHCN Centers. Note: those not enrolled were very new to the program. If this measure were assessed for those who were known to the program 3 months or longer, we expect it would approximate 100%.
56. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2003
Field Note:
19. State Performance Measure #1
Source: CSHCN Centers. If this measure were assessed for those who were known to the program 3 months or longer, we expect it would be substantially higher.
57. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2004
Field Note:
19. State Performance Measure #1
Source: CSHCN Centers. If this measure were assessed for those who were known to the program 3 months or longer, we expect it would be substantially higher.
58. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2002
Field Note:
This measure started in FY2000, so data entered in FY 1998 and 1999 should be ignored. Before FY2000 there was a state performance measure dealing with this topic, but with a different/inferior methodology which was dropped in favor of the current method/measure which was negotiated with and approved by MCHB staff. FY2002 accomplishments towards achieving this goal included 3 of the 12 criteria : Assessment of current mental health-related practices (including direct services, education and data collection) within:
1)School-Based Health Centers,
2)Pediatric Primary Care Centers located within Community Health Centers, and
3)the CSHCN program.
59. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2003
Field Note:
State Performance Measure #2
FY2003 accomplishments towards achieving this goal included 4 more of the 12 criteria now totalling 9 cumulative steps completed thus far. New steps accomplished are:
Implement data collection & evaluation methods within the
1)SBHC,
2)CSHCN,
3)Right From the Start Program, and
4)Pediatric Primary Care Clinics located within CHC's
to determine the extent to which appropriate mental hlth screening, assessment, referral & linkages are in place.
60. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2004
Field Note:
State Performance Measure #2
FY2004 accomplishments towards achieving this goal included 1 more of the 12 criteria now totalling 10 cumulative steps completed thus far. The new step accomplished was: Provide training and technical assistance to Tile V funded programs to implement and/or enhance appropriate mental health screening, assessment, referral and linkages based upon identified needs.
61. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics, provisional CY2001.
62. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, Vital Statistics, Provisional CY2003
63. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2004
Field Note:
Source: CT Dept of Public Health, Vital Statistics, Provisional CY2003 is the latest data available. The form would not allow us to change the 2004 Annual Performance Objective goal from 11.5 to 9.9 to reflect our most recent experience.
64. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:

- Year:** 2002
Field Note:
 2002 data represent DPH staff and colleagues' accomplishing three of the 12 criteria that comprise this measure:
 1) Establish an interdivisional workgroup within DPH to address racial and ethnic disparities related to adverse pregnancy outcomes(i.e. low birth weight , preterm birth, infant mortality and maternal mortality) among clients of Title V programs.
 2) Document the demographic information available from Title V programs to determine the racial and ethnic characteristics of the clients served. and
 3) Evaluate demographic information from each Title V program to determine whether the clients served by the program are representative of those at highest risk of adverse pregnancy outcomes among the population served by the program.
- 65. Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2003
Field Note:
 22. State Performance Measure #4
 With 2 new steps completed in 2003, DPH staff & colleagues have now accomplished 6 of the 12 criteria that comprise this measure. The 2 Steps accomplished were:
 1) Select Title V programs/locations for expanded effort to reduce racial/ethnic disparities in adverse pregnancy outcomes; and
 2) Develop & implement outreach programs to expand enrollment of high risk groups in selected Title V program/locations.
- 66. Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2004
Field Note:
 22. State Performance Measure #4
 Two (2) new steps were completed in 2004 making total of 8 of the 12 criteria to date. The newly accomplished criteria were: #5 - Document culturally competent and developmentally appropriate strategies to address adverse pregnancy outcomes; and #10 - Establish an interdisciplinary workgroup (including consumers representing the target high risk groups) to mount a coordinated statewide perinatal initiative.
- 67. Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2002
Field Note:
 In 2002-3 there was an organizational shift in responsibility for this program resulting in no new criteria accomplished for this year.
- 68. Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2003
Field Note:
 23. State Performance Measure #5
 In 2003, 2 new criteria/steps were completed totalling 6 of the 10 criteria now accomplished.
 The 2 new steps accomplished were:
 DPH's Family Health Div. will
 1) develop partnerships with consumer groups and other services (CT PKU Planning Group, March of Dimes, CT Dept of Education, CT Local Health, & Dept of Insurance) to identify & address special needs of children with genetic & metabolic disorders; and
 2) identify stakeholders & expand the Genetic Advisory Committee (GAC) to provide a forum for the exchange of genetic information among consumers, healthcare professionals, policymakers, & educators.
- 69. Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2004
Field Note:
 23. State Performance Measure #5
 In 2004, the remaining form steps of the 10 criteria were accomplished.
- 70. Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2002
Field Note:
 In 2002 DPH efforts realized the accomplishment of two more of the seven criteria that comprise this measure. These were:
 1) A comprehensive maternal record abstraction form is developed in collaboration with an obstetrical/gynecologic consulting agency for review of hospital and other records in cases of suspected pregnancy-related mortality., and
 2) All pregnancy-related deaths are reviewed at regular intervals in conjunction with the Connecticut State Medical Society's Perinatal Morbidity and Mortality(PMM) and Maternal Mortality (MM) subcommittees.
- 71. Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2003
Field Note:
 24. State Performance Measure #6
 No additional steps were completed in 2003. 5 of 7 steps have been accomplished to date.
- 72. Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2004
Field Note:
 24. State Performance Measure #6
 One additional step was completed in 2004, namely, criteria #1: The state death certificate includes a check-off box to indicate pregnancy within one year of death for women of childbearing age. 6 of 7 steps have been accomplished to date.
- 73. Section Number:** State Performance Measure #7

- Field Name:** SM7
Row Name:
Column Name:
Year: 2002
Field Note:
 In 2002, DPH accomplished 7 more of the 14 criteria that comprise this measure.
 These included:
 a) Assess asthma-related activities (including direct services, education, and data collection) within:
 1) the School-Based Health Centers,
 2) Community Health Centers and
 3) the CSHCN program where a review was also conducted of how asthma care is managed including whether home evaluations are provided as part of case management and care coordination;
 b) Implement data collection and evaluation methods to determine whether children with a diagnosis of asthma have an asthma management plan in Community Health Centers;
 c) Participate in the newly-formed Coordinated School Health Program to enhance asthma activities within schools in Connecticut;
 d) Develop and implement a training/resource manual with Infoline for daycare providers and schools on managing asthma.; and
 e) Continue to enhance asthma surveillance activities incorporating Title V data as it becomes available.
- 74. Section Number:** State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2003
Field Note:
 25. State Performance Measure #7
 In 2003, DPH accomplished 2 more of the 14 criteria/steps that comprise this measure, totalling 10 of the 14 accomplished thus far.
 The 2 new steps accomplished were:
 1) Among children with special health care needs diagnosed with asthma, implement evaluation of asthma triggers in homes by the CSHCN case manager; and
 2) Using information gathered from the asthma needs assessments, implement activities related to asthma education, diagnosis, or management that assist the Community Health Centers(CHCs) in providing services to children with asthma.
- 75. Section Number:** State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2004
Field Note:
 25. State Performance Measure #7
 In 2004, DPH accomplished the remaining 4 of the 14 criteria/steps that comprise this measure.
- 76. Section Number:** State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2002
Field Note:
 CT reported CY 2002 data last year. The form will not allow for reporting of CY2003 data which we now know to be 38/106 or 35.8%. Oral Health services have been reduced due to budget difficulties across the state.
- 77. Section Number:** State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2003
Field Note:
 26. State Performance Measure #8
 CY2003 survey of safety net providers. Oral Health Services have been reduced in scope in many places due to budget difficulties across the state.
- 78. Section Number:** State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2004
Field Note:
 26. State Performance Measure #8
 No new cy2004 survey was conducted. Data is from CY2003 survey of safety net providers. Oral Health Services have been reduced in scope in many places due to budget difficulties across the state.
- 79. Section Number:** State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2002
Field Note:
 In 2002 DPH accomplished two more of the eighteen criteria that comprise this measure, namely,
 1) Added a module to the electronic Newborn Screening System for reporting cases to the CSHCN Registry from birthing units and NICU's(front end).; and
 2) Created a single point of referral to CSHCN Ctrs for all CSHCN.
- 80. Section Number:** State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2003
Field Note:
 27. State Performance Measure #9
 In 2003, DPH accomplished 4 more of the 18 criteria that comprise this measure resulting in 13 of the 18 steps accomplished to date.
 The 4 newly accomplished steps include:
 1) Initiate a CSHCN Registry Advisory Committee with representation from the disciplines of epidemiology, hospital administration, maternal & child health, genetics, early intervention, the March of Dimes, family advocacy, & public health; and
 2) Begin receiving reports of cases from the module added to the electronic Newborn Screening System;
 3) Begin tracking referrals of newborns to CSHCN Centers and the Birth-to-Three program using the module added to the electronic Newborn Screening System; and
 4) Begin using the CSHCN Registry's data management system by the end of 2002.
- 81. Section Number:** State Performance Measure #9
Field Name: SM9

Row Name:
Column Name:
Year: 2004
Field Note:
27. State Performance Measure #9
In 2004, no new steps were accomplished. To date, 13 of the 18 criteria have been met.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: CT

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	6	6	6	6.2	6.1
Annual Indicator	6.6	6.1	6.3	5.3	5.3
Numerator	282	259	265	228	
Denominator	43,030	42,659	41,996	42,885	
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.2	5.2	5.2	5.1	5.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1.6	1.8	1.9	2.5	2.3
Annual Indicator	2.5	3.6	2.7	2.5	2.4
Numerator	14.5	16.5	14	11.3	
Denominator	5.7	4.6	5.1	4.6	
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2.3	2.2	2.1	2	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.6	4.6	4.5	4.4	4.4
Annual Indicator	5.0	4.5	4.5	3.7	3.7
Numerator	213	193	189	159	
Denominator	43,030	42,659	41,996	42,825	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.7	3.6	3.6	3.6	3.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1.3	1.3	1.5	1.6	1.5
Annual Indicator	1.6	2.1	1.8	1.6	1.5
Numerator	69	89	76	69	
Denominator	43,030	42,659	41,996	42,825	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.5	1.4	1.3	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9.3	9.2	8.4	9.2	9.1
Annual Indicator	9.3	8.4	9.3	8.3	8.3
Numerator	404	360	391	354	
Denominator	43,253	42,859	42,224	42,825	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	8.2	8.2	8.1	8.1	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	16	15.3	15.2	13	13
Annual Indicator	15.3	13.8	13.1	13.1	13.1
Numerator	102	92	90	91	
Denominator	666,135	666,002	686,169	692,109	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	13	13	13	12.9	12.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2003
Field Note:
CY2003 provisional CT Vital Statistics data.
2. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for CT Vital Statistics.
2004 objective field would not allow us to modify 6.1 to become 5.3 based on our new 2003 data. Other subsequent years' projections were changed.
3. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2003
Field Note:
CY2003 provisional is the most current Vital Statistics data available.
4. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for CT Vital Statistics.
2004 objective field would not allow us to modify the goal of 2.3 to read 2.4 based on our new 2003 data experience. Other projections were changed.
5. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2003
Field Note:
CY 2003 provisional is the latest year of CT Vital Statistics available.
6. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for CT Vital Statistics.
2004 objective field would not allow us to modify 4.4 to read 3.7 based on our new 2003 data. Other projections for subsequent years were changed.
7. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2003
Field Note:
2003 is the latest year available for CT Vital Statistics.
8. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for CT Vital Statistics.
9. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2003
Field Note:
CDPH Vital Statistics 2003 provisional
10. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for CT Vital Statistics.
2004 objective field would not allow us to modify the 9.1 to read 8.3 goal for 2004 based on our new 2003 data. Other projections were changed.
11. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2002
Field Note:

12. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2003

Field Note:

2003 is the latest year available for CT Vital Statistics.

13. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2004

Field Note:

2003 is the latest year available for CT Vital Statistics.

2004 objective field would not allow us to modify based on our new 2003 data to 13.1. Other projections were changed.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: CT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Source: CDPH Family Advocate, CSHCN Center Family Advocates (parents with children with special health care needs) Outreach Workers, Family Resource Specialists, members of the Family Support Network.

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: CT FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Strengthen Data Collection and Reporting
2. Establish Collaborative Relations at State/Local level
3. Reduce Intentional Injuries
4. Improve Adolescent Health Status
5. Promote Nutrition and Exercise to Reduce Obesity
6. Increase Access to Pre-conception Education and Parenting
7. Promote access to family support services including respite care and medical home system of care for Children and Youth with Special Health care Needs
8. Reduce health disparities especially related to Access to care, Racial/ethnicity, Geographic location (Specific issues: teen pregnancy, low birthweight, prenatal care, breastfeeding, and infant mortality)
9. Collaborate with the other federal Region I states to develop indicators that measure the collective assets of their early childhood health systems, "specifically focusing on their collective assets regarding child care health consultants (CCHC)."
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: CT

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Provide physician speaker on Cost and Outcomes of need for care coordination as part of Medical Home improvement for CYSHCN at 10 pediatric hospital based grand rounds.	Studies have indicated importance of providing care coordination activities that would support the reported 28% of families in CT who identified the lack of these supportive services.	The Chief of the Primary Care Practice at the CT Children Medical Hospital who will begin his services as of July 1, 2005 – Richard Antonelli, MD
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Provide assistance to collaborate with other state and territorial adolescent health coordinators in order to improve access to national resources and experts on adolescent health.	An annual meeting of the National Network of State Adolescent Health Coordinators. would provide an opportunity to learn what other federal agencies and states are doing in the area of adol. health and to provide input into future directions.	AMCHP
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 4	Consultant to conduct a comprehensive assessment of the statewide SBHC database to ensure appropriate system is being utilize to promote compliance and consistency in reporting, as well as SBHCs ability to obtain reimbursement for services.	In CT, there are 18 communities and over 62 SBHCs. It is crucial to better report on NPMs and new SPMs regarding children and youth being served by SBHCs, as well as what services are being received. DPH staff do not have this level of expertise.	TBD
4.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 6	Consultant/trainer to present to community based MCH contractors, best-practice models that are culturally appropriate, for engaging pregnant teens in early prenatal care.	Cultural beliefs, attitudes and behaviors impact how services are accessed or not accessed. MCH providers need to better understand and be sensitive to the cultural differences in order to engage Title V clients in early prenatal care services.	TBD
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 8	Consultant to provide training to stakeholder agencies on evidenced-based, culturally appropriate approaches to sexuality education, as identified in the State Adolescent Health Plan	Critical to bring key stakeholders together to discuss issues of teen sexuality education, identify existing practices and programs and identify culturally appropriate approach. CT DPH staff do not have the expertise in this area.	TBD
6.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 2	Provide facilitated opportunity for members of the Family Support Network to organize a plan for enhancing parent partnerships with the medical homes in CT that serve CYSHCN.	The CSHCN program has restructured to provide a regional system to support Medical Homes with care coordination services a critical element being parent partnerships. This will assist parents in learning strategies to foster these partnerships.	Family Voices a partner in the development of medical homes is suggested as the organization to provide this TA.
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: CT

SP # 1

PERFORMANCE MEASURE:

The percentage of CSHCN clients enrolled in the State CSHCN program that have a written health care service plan. (was numbered 25 in a prior year)

STATUS:

Active

GOAL

To assure CSHCN clients will receive coordinated and comprehensive primary and specialty health care which is documented and monitored.

DEFINITION

At least 95% of state CSHCN clients will have a written health care service plan that documents the quality and use of services and is subject to periodic monitoring.

Numerator:

The number of clients enrolled in the State CSHCN program with a written health care service plan.

Denominator:

The total number of clients enrolled in the State CSHCN program.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-5. Usual primary care provider.
1-14. Special needs of children.
16-23. Service systems for children with special health care needs.

DATA SOURCES AND DATA ISSUES

State CSHCN programs.

SIGNIFICANCE

Children with chronic and disabling conditions receive services by a multitude of sub specialty providers. A written health care plan helps to maximize the delivery of health care services by coordinating and assuring the provision of necessary and quality health care services.

PERFORMANCE MEASURE:

The degree to which the Connecticut State Department of Public Health improves mental health screening, assessment, referral and linkages to services and supports in Title V funded programs.

STATUS:

Active

GOAL

To improve access to screening, assessment, referral and linkages to mental health supports and services for families in Title V.

DEFINITION

This measure has eleven component steps that are tracked in form 11 each year by summing the number of yes responses to each criteria statement. In summary, the approach to achieving this goal incorporates: a) Formation of a DPH workgroup that will facilitate, b) Identifying appropriate standards for mental health programs (especially as may relate to three targeted DPH programs: CSHCN, School-based Health Centers and Pediatric Primary Care Programs), c) Inventory and develop a plan for assessment of current programs, d) Implementation of data collection and evaluation methods in programs to determine the extent to which appropriate mental health screening, assessment, referral and linkages are in place, e) Provide training and technical assistance to Title V funded programs to meet identified needs, and f) Increase screening and utilization of community based mental health services by Title V families by 5% per year over the baseline in years 3,4 and 5.

Numerator:

Numerator: Sum of the scores for 12 criteria/indicators. 0 = No 1 = Yes Total of the twelve indicator check boxes equals a possible 0 through 12.

Denominator:

Denominator: Total possible number of points in twelve(12) indicator boxes.

Units: 12 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

6-2. Feelings and depression among children with disabilities.

18-6. (Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment.

18-7. Treatment for children with mental health problems.

DATA SOURCES AND DATA ISSUES

Source: Staff assessments from DPH progress reports, meeting minutes and various data sources on degree of completion of criteria. Existing Family Health Division programs with activity (current or potential) in this area include: School based Health Centers, Pediatric Primary Care Centers, Community Health Centers, APP/YPP, Children with Special Health Care Needs. SBHC database contains encounter data on more than 20,000 mental health/social service visits per year. CSHCN programs develop care plans for children served which may include activities to address psychosocial needs. Family Health Division provides training and workshops to improve the capacity of our providers to meet the mental health needs of the population.

SIGNIFICANCE

There is an increasing emphasis on the federal/state levels for improved systems of mental health(MH)svcs. The Surgeon General(S.G.)Report on MH defined that MH is fundamental to hlth, that M disorders are real hlth conditions, & in the U.S., MH programs like gen. hlth programs are rooted in a pop-based public hlth model. This Report defines MH as the successful performance of M. functions, resulting in productive activities, fulfilling relationships w/other people, the ability to adapt to change, to cope w/adversity from early childhood until late life, MH is the springboard of thinking/communicating skills/learning/emotional growth, resilience, & self-esteem. Discussion taken from HP2010 Conf. Ed., measure 18-7:For children <18 lifelong M disorders may start in childhood or adolescence. For many, normal develop. is disrupted by biological/enviro /psychosocial factors,which impair their MH, interfere w/education/social interactions & keep them from realizing their full potential.

SP # 3

PERFORMANCE MEASURE:

Pediatric Mortality due to injury. (The rate of deaths to children aged 1-19 caused by unintentional and intentional injury). (Was #22 in a prior year)

STATUS:

Active

GOAL

To reduce the number of deaths to children aged 1-19 caused by intentional and unintentional injuries.

DEFINITION

Pediatric mortality due to injury.

Numerator:

Number of deaths to children aged 1-19 caused by injuries. This includes unintentional injuries, suicides and homicides.

Denominator:

All children in the state aged 1-19.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

18-1. Suicide
15-32. Homicides
15-13. Deaths from unintentional injuries.

DATA SOURCES AND DATA ISSUES

Numerator: CT Dept. of Public Health, Vital Records, Table 9 of Registration Report. ICD-9 codes E800-E999 through CY1998 and ICD-10 for subsequent years. Denominator: Connecticut population estimate for residents 1-19, CT Dept. of Public Health, Table 1 of Registration Report. Infant deaths (age less than 1) have been excluded here because the magnitude of the problem is less dramatic in this age group. Only 6 of the 322 Connecticut infant deaths in 1995 were due to injury.

SIGNIFICANCE

Injuries account for three out of four deaths to children age 1-19 (186 of 250 deaths in CT in 1995).

SP # 4

PERFORMANCE MEASURE:

The degree to which Title V programs target services to racial and/or ethnic groups with disparities in pregnancy outcomes.

STATUS:

Active

GOAL

To reduce disparities among racial and/or ethnic groups in the occurrence of poor birth outcomes (i.e., low birth weight, infant or maternal mortality).

DEFINITION

This measure has twelve component steps that are tracked in form 11 each year by summing the number of yes responses to each statement. In summary, the approach to achieving this goal incorporates: a) Formation of a DPH workgroup that will facilitate, b) Identifying populations by racial/ethnic group as well as geographic locations at increased risk of adverse pregnancy outcomes, c) Establish an inter-disciplinary workgroup including consumers to mount a coordinated statewide Perinatal Initiative, d) Describe culturally competent and developmentally appropriate strategies to address adverse pregnancy outcomes within Title V programs, e) Profile the population served by the Title V programs and implement strategies to enhance services to the at-risk where indicated, and f) Reduce racial/ethnic disparities in pregnancy outcomes in Title V program/locations selected for expanded effort by 5% by September 30, 2005.

Numerator:

Numerator: Sum of the scores for 12. 0 = No 1 = Yes Total of the twelve indicator check boxes equals a possible 0 through 12.

Denominator:

Total possible number of points in twelve (12) indicator boxes (12).

Units: 12 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

9-1. Intended Pregnancy

9-2. Birth Spacing

16-1. Fetal and Infant Deaths

16-4. Maternal Deaths 16-6. Prenatal Care 16-10. Low birth weight and very low birth weight 16-14. Developmental disabilities 16-17. Prenatal substance exposure

DATA SOURCES AND DATA ISSUES

Source: Staff assessments from progress reports & various data sources on degree of completion of criteria. Vital Statistics. Data from quarterly reports on number of clients seen and proportions of those who are of racially/ethnically disparate groups for obstetric outcomes.

SIGNIFICANCE

The disparities in pregnancy outcomes between whites and other racial/ethnic groups parallel other disparities among the same groups; lead poisoning, sexually transmitted diseases, asthma and other health problems that are related to the physical and socio-economic environments in which people live. Population groups who are at risk for most or all of these should be given high priority for Title V services to help narrow these disparities.

SP # 5

PERFORMANCE MEASURE:

The degree to which the Connecticut Department of Public Health has developed and implemented a Statewide Genetics Plan.

STATUS:

Active

GOAL

Develop an infrastructure whereby a Statewide Genetics Plan will be developed and implemented.

DEFINITION

This measure has ten component steps that are tracked in form 11 each year by summing the number of yes responses to each statement. In summary, the approach to achieving this goal incorporates: a) Family Health Division(FHD) staff will review survey data from three recent surveys to determine genetic educational and service needs, b)FHD will expand the Genetic Advisory Committee(GAC) to provide a forum for the exchange of genetic information among consumers, health care professionals, policymakers and educators, c)FHD will develop partnerships with academic institutions, consumer groups and related professionals to promote genetic education and identify needs, d) FHD with the GAC will develop, implement and evaluate a statewide Genetics Plan.

Numerator:

Numerator: Number of Yes answers for 10 criteria/indicators. 0 = No 1 = Yes Total of the ten indicator check boxes equals a possible 0 through 10.

Denominator:

Total possible number of points, ten (10) in ten indicator boxes.

Units: 10 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

16-20. Newborn bloodspot screening

21-16. State-based surveillance system

DATA SOURCES AND DATA ISSUES

Source: Staff assessments from progress reports, meeting minutes and various data sources on degree of completion of criteria. Survey and research projects: * New England Metabolic Consortium Survey, 1999 * CT Hospital Genetic Services Survey, 2000 * The Future of Pediatric Education II Project

SIGNIFICANCE

With the rapid expansion in the field of human genetics including the Human Genome Project, it becomes difficult for public health officials, policymakers, healthcare providers, and the general public to keep abreast of new information and its potential implications. Therefore, a Statewide Genetics Plan is needed to address the multitude of issues related to the advancement of genetic medicine so as to prevent disease and improve health.

SP # 6

PERFORMANCE MEASURE:

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report accurate information on pregnancy-related mortality.

STATUS:

Active

GOAL

To decrease preventable maternal mortalities.

DEFINITION

This measure has seven component steps that are tracked in form 11 each year by summing the number of yes responses to each statement. In summary, the approach to achieving this goal incorporates: a) changes in the death certificate itself, development of record abstract form and review of cases by a board-certified obstetrician/gynecologist in accordance with Centers for Disease Control protocols, b) regular reviews of deaths by the CT State Medical Society's Perinatal Morbidity and Maternal Mortality subcommittees, c) regular reporting of pregnancy-related mortality in DPH publications, and d) annual provider prevention education by in-services, newsletter articles etc.

Numerator:

Numerator: Number of Yes answers for 7 criteria/indicators. 0 = No 1 = Yes Total of the seven indicator check boxes equals a possible 0 through 7.

Denominator:

Denominator: Total possible number of points in seven (7) indicator boxes.

Units: 7 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

16-4. Maternal Deaths

DATA SOURCES AND DATA ISSUES

Source: Staff assessments from progress reports & various data sources on degree of completion of criteria. This requires data from the Maternal and Child Health Unit of the Family Health Division in the form of meeting minutes, reports from Vital Records, matching of deaths of women of childbearing age with fetal death and live birth records, review of death certificate categories, medical record reviews, and other documentation of progress toward these indicators.

SIGNIFICANCE

In 1992, CT's maternal mortality rate was 10.5 per 100,000 live births. In the absence of a computer matching system and a check-off box on the state death certificate to indicate whether a death of a female of childbearing age was, in fact, pregnancy-related, the validity of the data is unknown. In order to document accurately the causes of maternal deaths and implement systems to reduce those deaths that are preventable, a valid and reliable data collection and reporting system is essential.

SP # 7

PERFORMANCE MEASURE:

The degree to which the State of Connecticut Department of Public Health improves education, diagnosis, and case management for asthma.

STATUS:

Active

GOAL

To improve education, diagnosis, and case management for asthma.

DEFINITION

This measure has 14 component steps tracked in form 11 each year by summing the number of yes responses to each criteria statement. In summary, the approach to achieving this goal incorporates: a)Formation of a DPH workgroup that will facilitate, b)Identifying appropriate standards for asthma programs (especially as may relate to three targeted DPH programs: CSHCN, School-based Health Centers and Pediatric Primary Care Programs), c)Inventory and develop a plan for assessment of current programs, d)Implementation of data collection and evaluation methods in programs to determine the extent to which appropriate asthma screening, assessment, referral and linkages are in place, e)Provide training and technical assistance to Title V funded programs to meet identified needs, f)Develop and implement a training resource manual with Info-line for daycare providers and schools on managing asthma, and g) Continue and enhance asthma surveillance including Title V program data.

Numerator:

Numerator: Total number of Yes answers for 14 criteria/indicators. 0 = No 1 = Yes Total of the fourteen indicator check boxes equals a possible 0 through 14.

Denominator:

Total possible number of points in fourteen (14) indicator boxes (14).

Units: 14 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

1-9a. Reduce hospitalization rates for ambulatory-sensitive conditions, specifically- pediatric as
24-2a. Reduce hospitalizations for asthma, specifically in children under age 5 years. 24-1a,b and c. Reduce asthma deaths, specifically in children A) under 5, b) ages 5-14, and c) adolescents and young adults.

DATA SOURCES AND DATA ISSUES

Source: Staff assessments from DPH progress reports, meeting minutes & various data sources on degree of completion of criteria. We will work to enhance the current asthma surveillance system which includes hospital discharge data and census information. Also, this will require that we evaluate and modify Title V data systems so that they capture appropriate information on asthma.

SIGNIFICANCE

A more comprehensive asthma program will help ensure that children are diagnosed, receive proper education, and case management services where necessary.

SP # 8

PERFORMANCE MEASURE:

Percent of community-based public health care facilities that provide comprehensive dental services for needy or vulnerable children and their families.

STATUS:

Active

GOAL

To enhance access to oral health care.

DEFINITION

Percent of community-based public health care facilities that provide comprehensive dental services.

Numerator:

Number of Community Health Centers and public schools with full-service dental clinics.

Denominator:

Number of Community Health Centers and School-based Health Centers in the state.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-2. Untreated dental decay

21-14. Health centers with oral health service components.

21-12. Dental services for low-income children.

DATA SOURCES AND DATA ISSUES

This measure requires primary data collection such as a DPH survey of community-based public health care facilities.

SIGNIFICANCE

Studies & reports from the State Department of Public Health (DPH), Department of Social Services (DSS), & the Children's Health Council reveal that the dental provider network in CT is inadequate to meet the oral health care access needs of economically disadvantaged children & their families. In addition, CT is seeing a rapid growth in the population of dentally underinsured and uninsured people. Community-based public health care facilities have historically proven to be effective "safety net" providers in meeting the medical and dental needs of these vulnerable populations. The CT DPH has recently achieved a federal grant to support community-based oral health care systems' development and integration statewide. Through this and related initiatives, it is anticipated that oral health care access for needy populations will be enhanced, at least in part, through an increase in the number of community-based public health care facilities that provide dental services.

PERFORMANCE MEASURE:

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report information on all children with special health care needs in the State.

STATUS:

Active

GOAL

To enhance program planning and development in order to work toward the improved health and well-being of children with special health care needs in the State.

DEFINITION

This measure has eighteen component steps that are tracked in form 11 each year by summing the number of yes responses to each criteria statement. In summary, the approach to achieving this goal incorporates: a) obtain external funding source for the development of a CSHCN Registry, b) formation of a CSHCN Registry Advisory Committee that will have representation of both providers and consumers, c) adopt an operational definition of CSHCN and specifications for a CSHCN Registry, d) file required state documents with the CT Department of Information Technology(DoIT) to build a data management system and contract with staff with necessary system expertise to build a system ensuring that confidentiality is maintained, evaluate and modify the Registry's components as indicated.

Numerator:

Numerator: Number of Yes answers for 18 criteria/indicators. 0 = Not Met 1 = Met Total of the eighteen indicator check boxes equals a possible 0 through 18.

Denominator:

Total possible number of points in eighteen (18) indicator boxes (18).

Units: 18 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

12-12. Reduce the prevalence of serious developmental disabilities arising from events in the prena
14-10. (Developmental) Increase the proportion of State and local public health agencies that meet performance standards for the essential public health services.
21-16. State-based surveillance system

DATA SOURCES AND DATA ISSUES

Source: Staff assessments from DPH progress reports, meeting minutes & various data sources on degree of completion of criteria. Under CGS 19a-53 and 19a-54, all licensed healthcare professionals must report any child with a special health care need to the Department of Public Health.

SIGNIFICANCE

A CSCHN registry will provide data on the total number of children with special health care needs in the state. This data will allow improved planning and implementation of services in this population.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: CT

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	36.2	NaN	36.2	40.2	
Numerator	662	0	662	658	
Denominator	183,107	0	183,107	163,615	
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	90.0	74.0	80.2	84.6	85.3
Numerator	11,101	10,925	12,155	13,108	13,475
Denominator	12,328	14,766	15,163	15,497	15,795
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	82.4	74.4	80.2	74.6	
Numerator	168	218	210	403	
Denominator	204	293	262	540	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	86.7	85.6	84.6	84.3	
Numerator	34,484	34,598	34,021	34,977	
Denominator	39,796	40,426	40,213	41,467	
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	33.9	43.6	39.7	45.4	46.5
Numerator	16,309	22,857	20,144	24,073	25,099
Denominator	48,083	52,468	50,741	52,981	53,922
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.3	7.3	7.3	7.3	
Numerator	273	368	382	396	
Denominator	5,150	5,050	5,220	5,419	
Is the Data Provisional or Final?				Provisional	

FORM NOTES FOR FORM 17

HSCI#1 Hospitalization rate of 36.2 from the CT Hospital Association, 2000 is the most recent data we have for this specific data requested i.e. < 5 asthma hospitalization rate. The 40.2 rate reported this year is asthma hospitalization rate for <21 HUSKY A children CY 2003 as reported by CT Voices for Children in March, 2005.
HSCI#2 CT Dept of Social Services CMS416, 2004
HSCI#3 CT Dept of Social Services, 2003
HSCI#4 CT Dept of Public Health, Vital Statistics 2003
HSCI#7 CT Dept of Social Services CMS 416, 2004
HSCI#8 US Social Security Administration SORD File 100% data, CY2002-3 for denominator, Numerator data estimated based on 2001 percent experiences with old methodology. CSHCN program is in a transition phase to regional medical home models. Data systems will be built into these new programs effecting a new methodology for capturing this information.

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2002
Field Note:
The latest data available is 2000. The acute hospitals' database in CT is maintained by the CT Hospital Association. Their private research arm, CHIME, responds to requests for data for a fee after stripping the data of patient identifier and other sensitive information.
2. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CY2000 CT Hospital Association, CHIME program
3. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for asthma hospitalizations <5 data from CT Hospital Association.
4. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Social Services, CMS416-FY2002.
5. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Social Services, Form CMS 416, FY2003
6. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2004
Field Note:
CT Dept of Social Services, Form CMS 416, 2004
7. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Social Services, FY2002.
8. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Social Services, HUSKY B Participation Report, SFY03.
9. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2004
Field Note:
2003 is the latest year available for SCHIP data.
10. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics, CY2001provisional.
11. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2003

Field Note:

Source: CT Dept of Public Health, Vital Statistics, CY2002

12. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2004

Field Note:

2003 is the latest year available for Vital Statistics, CT Dept of Public Health

13. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2002

Field Note:

Source: 1998 data is unavailable. CT Dept of Social Services, CMS416-FY2002.

14. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2003

Field Note:

Source: CT Dept of Social Services, Form CMS 416, FY2003

15. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2004

Field Note:

CT Dept of Social Services, Form CMS 416, 2004

16. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

Source: CT Dept of Public Health, CSHCN Program for numerator, 2002.

Denominator represents #SSI referrals received by DPH and followed by the two centers for possible new enrollees, 2002.

17. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

Source: US Social Security Administration SORD File 100% data, CY2002-3 for denominator. Numerator data estimated based on 2001 percent experienced with old methodology. CSHCN program is in a transition phase to regional medical home models. Data systems will be built into these new programs effecting a new methodology for capturing this information.

18. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

No data available at this time.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: CT

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Other	<u>9.1</u>	<u>6.9</u>	<u>7.6</u>
b) Infant deaths per 1,000 live births	2003	Other	<u>0</u>	<u>0</u>	<u>5.3</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Other	<u>79.3</u>	<u>91.5</u>	<u>88.8</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Other	<u>80</u>	<u>88.5</u>	<u>84.4</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: CT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>16</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>185</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: CT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>300</u>
b) Medicaid Children (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>300</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u> </u>

FORM NOTES FOR FORM 18

HSCI#5 Data related to the total population is provisional 2003 Vital Statistics data from the CT Dept of Public Health. Medicaid/non-Medicaid data are from a special study by the Children's Health Council in 2000 which involved an extensive match of DPH/DSS records.
HSCI#6 CT Dept of Social Services

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
CT Dept of Social Services
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2006
Field Note:
CT Dept of Social Services
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
CT Dept of Social Services
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
CT Dept of Social Services
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2006
Field Note:
CT Dept of Social Services
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
CT Dept of Social Services
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2006
Field Note:
Data Source: CT Dept of Public Health, Vital Statistics

Limited hospital-supplied data on Medicaid status of vital events is currently available. The last extensive DDS match producing data for IMR was in 2000. Analysis provided by the Child Health Council. Provisional 2003 vital statistics are available only for state totals, therefore no 2003 Medicaid information is reported for IMR, birthweight and prenatal care since the 2000 report.

8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2006
Field Note:
Data Source: CT Dept of Public Health, Vital Statistics

Limited hospital-supplied data on Medicaid status of vital events is currently available. The last extensive DSS match producing data for Vital Statistics was in 2000 with analysis provided by the Child Health Council. Provisional 2003 vital statistics are available only for state totals, therefore no 2003 Medicaid information is reported for birthweight and prenatal care since the 2000 report.

9. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2006
Field Note:
Data Source: CT Dept of Public Health, Vital Statistics

Limited hospital-supplied data on Medicaid status of vital events is currently available. The last extensive DDS match producing data for IMR was in 2000. Analysis provided by the Child Health Council. Provisional 2003 vital statistics are available only for state totals, therefore no 2003 Medicaid information is reported for IMR, birthweight and prenatal care since the 2000 report.

10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:

Year: 2006

Field Note:

Data Source: CT Dept of Public Health, Vital Statistics

Limited hospital-supplied data on Medicaid status of vital events is currently available. The last extensive DDS match producing data for IMR was in 2000. Analysis provided by the Child Health Council. Provisional 2003 vital statistics are available only for state totals, therefore no 2003 Medicaid information is reported for IMR, birthweight and prenatal care since the 2000 report.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: CT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: CT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: CT

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.5	7.4	7.8	7.6	NaN
Numerator	3,183	3,139	3,245	3,229	0
Denominator	42,660	42,341	41,687	42,567	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.7	5.5	5.7	5.8	NaN
Numerator	2,331	2,224	2,287	2,301	0
Denominator	41,001	40,626	39,915	39,915	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.6	1.5	1.6	1.5	NaN
Numerator	690	649	663	637	0
Denominator	42,660	42,341	41,687	42,567	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.2	1.1	1.2	1.1	NaN
Numerator	481	438	467	441	0
Denominator	41,001	40,626	39,448	40,690	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.9	4.7	3.0	3.3	NaN
Numerator	26	33	21	24	0
Denominator	666,135	709,075	709,075	729,316	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	10.6	1.0	0.8	1.5	NaN
Numerator	7	7	6	11	0
Denominator	66,135	709,075	709,075	729,316	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	17.1	22.0	24.2	19.0	NaN
Numerator	69	89	98	82	0
Denominator	404,198	404,198	404,198	430,949	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	190.7	192.5	196.8	NaN	NaN
Numerator	1,377	1,383	1,435	0	0
Denominator	722,044	718,530	729,316	0	0
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	27.0	22.1	22.9		NaN
Numerator	195	159	167		0
Denominator	722,044	718,530	729,316		0
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	161.1	149.7	151.3		NaN
Numerator	655	624	652		0
Denominator	406,460	416,916	430,949		0
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	27.1	23.4	28.1	25.3	26.7
Numerator	2,859	2,470	2,962	2,666	2,812
Denominator	105,336	105,336	105,336	105,336	105,336
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.1	5.7	7.4	6.6	7.0
Numerator	4,399	3,511	4,550	4,046	4,304
Denominator	617,215	617,215	617,215	617,215	617,215
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 20

Health Status Indicator #01A, 01B, 02A, 02B

Year: 2003

Source: CT Dept of Public Health, Vital Statistics CY2003, denominator adjusted for unknowns for births.

Year: 2004

2004 data not available.

Health Status Indicator #03A, 03B, 03C

Year: 2003

Source: CT Dept of Public Health, Vital Statistics CY2003, denominator estimated population.

Year: 2004

2004 data not available.

Health Status Indicator #04A, 04B and 04C

Year: 2002

Source: CT Dept of Public Health; Numerator = 2002 Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = DPH 7/2002 pop. estimate

Year: 2003 and 2004

2003 and 2004 data not available

Health Status Indicator #05A and 05B

Year: 2004

Source: CT Dept of Public Health, STD Annual Surveillance Report, 2004 Denominator = 2000 Census, Table P-12.

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001, denominator adjusted for unknowns for births.
2. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CDPH, Vital Statistics, CY2003
3. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
4. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001, denominator adjusted for unknowns for births.
5. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CDPH, Vital Statistics, CY2003
6. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
7. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001, denominator adjusted for unknowns for births.
8. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CDPH, Vital Statistics, CY2003
9. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:

- Column Name:**
Year: 2004
Field Note:
2004 data not available.
10. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001, denominator adjusted for unknowns for births.
11. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CDPH, Vital Statistics, CY2003
12. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
13. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001. Denominator for deaths = 2000 Bureau of the Census data.
14. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2003
Field Note:
Source: Numerator = CT Dept of Public Health, Vital Statistics, CY2003
Denominator = 7/1/2002 POPULATION <15.
15. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
16. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001. Denominator for deaths = 2000 Bureau of the Census data.
17. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2003
Field Note:
Source: Numerator = CT Dept of Public Health, Vital Statistics, CY2002
Denominator = DPH 7/1/2002 estimated population <15.
18. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
19. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, Vital Statistics CY2001. Denominator for deaths = 2000 Bureau of the Census data.
20. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2003
Field Note:
Source: Numerator = CT Dept of Public Health, Vital Statistics, CY2002
Denominator = 2000 Census

21. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
22. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2002
Field Note:
Numerator data from CT Hospital Association database CY1999 purchased by the DPH Office of Emergency Medical Services. Denominator is 2000 Bureau of the Census count. More recent data is not currently available at DPH.
23. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health; Numerator = 2002 Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = DPH 7/2002 pop. estimate
24. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
25. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2002
Field Note:
Numerator data from CT Hospital Association database CY1999 purchased by the DPH Office of Emergency Medical Services. Denominator is 2000 Bureau of the Census count. More recent data is unavailable at DPH.
26. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health; Numerator = 2002 Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = DPH July 2002 pop. estimate
27. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
28. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2002
Field Note:
Numerator data from CT Hospital Association database CY1999 purchased by the DPH Office of Emergency Medical Services. Denominator is 2000 Bureau of the Census count. More recent data is not available at DPH.
29. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health; Numerator = 2002 Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = DPH July 2002 pop. estimate
30. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.
31. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, STD Annual Surveillance Report, 2002 Denominator = 2000 Census, Table P-12.
32. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A

Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, STD Control Program, 2003
Provisional data. Denominator = 2000 Census

33. Section Number: Health Status Indicator #05A

Field Name: HSI05A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.

34. Section Number: Health Status Indicator #05B

Field Name: HSI05B
Row Name:
Column Name:
Year: 2002
Field Note:
Source: CT Dept of Public Health, STD Annual Surveillance Report, 2002 Denominator = 2000 Census, Table P-12.

35. Section Number: Health Status Indicator #05B

Field Name: HSI05B
Row Name:
Column Name:
Year: 2003
Field Note:
Source: CT Dept of Public Health, STD Control Program, 2003
Provisional data. Denominator = 2000 Census

36. Section Number: Health Status Indicator #05B

Field Name: HSI05B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data not available.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	42,513	34,404	5,115	171	1,828			995
Children 1 through 4	181,098	147,991	26,656	719	5,732			
Children 5 through 9	245,504	201,910	34,383	1,150	8,061			
Children 10 through 14	260,201	215,249	36,326	1,257	7,369			
Children 15 through 19	230,667	191,771	30,489	1,160	7,247			
Children 20 through 24	200,282	163,068	28,381	1,104	7,729			
Children 0 through 24	1,160,265	954,393	161,350	5,561	37,966	0	0	995

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	34,714	6,704	1,095
Children 1 through 4	153,405	27,693	
Children 5 through 9	210,605	34,899	
Children 10 through 14	225,048	35,153	
Children 15 through 19	201,080	29,587	
Children 20 through 24	168,759	31,523	
Children 0 through 24	993,611	165,559	1,095

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	39	28	10	0	0	0		1
Women 15 through 17	906	636	238	6	0	7		19
Women 18 through 19	1,936	1,413	453	8	1	17		44
Women 20 through 34	30,377	24,474	3,654	205	208	1,357		479
Women 35 or older	9,312	8,115	695	32	90	300		80
Women of all ages	42,570	34,666	5,050	251	299	1,681	0	623

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	14	25	0
Women 15 through 17	457	448	1
Women 18 through 19	1,181	749	6
Women 20 through 34	24,659	5,544	174
Women 35 or older	8,505	752	55
Women of all ages	34,816	7,518	236

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	229	159	58	0	1	5		6
Children 1 through 4	33	25	6	0	0	2		0
Children 5 through 9	21	18	2	0	0	1		0
Children 10 through 14	37	28	7	1	0	1		0
Children 15 through 19	93	64	23	2	0	1		3
Children 20 through 24	169	134	31	1	0	1		2
Children 0 through 24	582	428	127	4	1	11	0	11

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	176	39	14
Children 1 through 4	26	6	1
Children 5 through 9	16	1	4
Children 10 through 14	27	4	6
Children 15 through 19	75	14	4
Children 20 through 24	129	25	15
Children 0 through 24	449	89	44

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	959,983	791,325.0	132,969.0	4,457.0	30,237.0			995.0	2004
Percent in household headed by single parent	22.9	16.5	49.2	36.1	9.3	31.9	35.3	47.4	2004
Percent in TANF (Grant) families	100.0	67.3	31.4	0.2	1.0	0.1	0	0	2004
Number enrolled in Medicaid	271,469	197,624.0	67,116.0	513.0	6,112.0	104.0	0	0	2004
Number enrolled in SCHIP	21,438	15,570.0	2,655.0	54.0	648.0	28.0	74.0	2,409.0	2004
Number living in foster home care	1,995	578.0	905.0	0	131.0	0	13.0	368.0	2004
Number enrolled in food stamp program	82,661	57,284.0	24,065.0	177.0	1,117.0	18.0	0	0	2004
Number enrolled in WIC	36,387	16,248.0	16,429.0	103.0	778.0	0	0	2,829.0	2004
Rate (per 100,000) of juvenile crime arrests	24,121.0	16,233.0	7,574.0	25.0	193.0	0	0	96.0	2004
Percentage of high school drop-outs (grade 9 through 12)	2.6	0	0	0	0	0	0	2.6	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	825,947.0	134,036.0	1,095.0	2004
Percent in household headed by single parent	19.6	43.3	0	2004
Percent in TANF (Grant) families	60.0	40.0		2004
Number enrolled in Medicaid	178,704.0	92,765.0	0	2004
Number enrolled in SCHIP	0	630.0	1,995.0	2004
Number living in foster home care	0	0	21,438.0	2004
Number enrolled in food stamp program	52,155.0	30,497.0	0	2004
Number enrolled in WIC	36,387.0	25,959.0		2004
Rate (per 100,000) of juvenile crime arrests			24,121.0	2004
Percentage of high school drop-outs (grade 9 through 12)			2.6	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	687,385
Living in urban areas	657,912
Living in rural areas	183,955
Living in frontier areas	0
Total - all children 0 through 19	841,867

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	3,300,416.0
Percent Below: 50% of poverty	3.9
100% of poverty	7.9
200% of poverty	19.3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	828,171.0
Percent Below: 50% of poverty	5.0
100% of poverty	10.4
200% of poverty	24.1

FORM NOTES FOR FORM 21

Source:

HSI#6 CT Dept of Public Health population estimates as of 7/1/2002 are the most recent from DPH. These intercensal estimates do not match all of the requested categories. Vital Stats data used for infant age group.

HSI#7CY2003 Vital Statistics. This table has no provision for including the 256 women of unknown age who delivered CY2003. The true total in HSI#07A should read 42826 women and in HSI#07B 492 women for whom ethnicity was not reported.;

HSI#8 CY2003 Vital Statistics;

HSI#9 CT Dept of Public Health estimates as of 7/1/2002, Bureau of the Census 2000,

CT Dept of Social Services2004, Children and Families2004, Public Safety 2002 and Education2002; WIC program in the CT Dept of Public Health2005;

HSI#10-12 Bureau of the Census 2000

FIELD LEVEL NOTES

1. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2006
Field Note:
2. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2006
Field Note:
3. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
Even though the Specific Reporting Year says 2004, the data is for Year 2002. Source: CT Dept of Public Health, Planning Branch, Population Estimates as of 7/1/2002.
4. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
Even though the Specific Reporting Year says 2004, the data is for Year 2000 from the U.S. Bureau of the Census.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2006
Field Note:
CDSS reported data as numbers. Percentages were calculated as percent (%) of all racial/ethnic groups of TANF families.
6. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2006
Field Note:
Source: CT Dept of Social Services.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
Source: CT Dept of Social Services
8. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2006
Field Note:
Source: CT Dept of Social Services
9. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
Source: CT Dept of Public Health, WIC Program For WIC, the category listed here as "Asian" represents both "Asian or Pacific Islander".
All WIC data are from the WIC Participant Report Summary for 02/05 and include all participants. Teen enrollment data by race and ethnicity are not currently available.
10. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Source: CT State Police Annual Crime Reports Juvenile crime data are numbers, not rates. Even though the Specific Reporting Year says 2004, the data is for Year 2002.
11. **Section Number:** Indicator 09A

Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
Source: CT Dept of Education Even though the Specific Reporting Year says 2004, the data is for Year 2002.

12. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
Even though the Specific Reporting Year says 2004, the data is for July 2002.
13. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
Even though the Specific Reporting Year says 2004, the data is for Year 2000.
14. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2006
Field Note:
.Source: CT Dept of Social Services
15. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
This number, 36387, was derived by subtracting the "Total Hispanic or Latino" from the total number of individuals enrolled in the WIC Program in 2/05.
See Previous table. "Other and Unknown" applies to race and ethnicity.
16. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Juvenile crime data are numbers, not rates.
Even though the Specific Reporting Year says 2004, the data is for Year 2002.
17. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
Even though the Specific Reporting Year says 2004, the data is for Year 2002.
18. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2006
Field Note:
Source: CDCF Needs Assessment October 2004

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: CT

SP # 1

PERFORMANCE MEASURE:

Cumulative number of datasets incorporated into integrated warehouse (called HIP-KIDS).

GOAL

The creation of a data warehouse containing a comprehensive child health profile by linking disparate databases into a single comprehensive system, to use as a resource to enhance public health assurance and assessment activities within Connecticut, and will also inform public health policy.

DEFINITION

Number of databases integrated into HIP-KIDS beginning with a core set of seven (7) databases.

Numerator:

Cumulative number of databases integrated into HIP-KIDS at the end of the current year

Denominator:

Total number of core databases (7) identified for HIP-KIDS.

Units: 7 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

23-11. (Developmental) Performance standards for essential public health services.

DATA SOURCES AND DATA ISSUES

The extent to which databases are incorporated into an integrated warehouse will be measured by the progress of the HIP-KIDS project. The seven core databases to be linked are: Newborn Laboratory Screening, Newborn Hearing Screening, CYSHCN Registry, Birth Defects Registry, Birth Records, Death Records, and the Immunization Registry.

SIGNIFICANCE

Databases containing child health data are housed in different areas of the agency. These data are not currently linked and are analyzed in isolation of one another, thus limiting essential public health functions. An electronic mechanism that creates a single comprehensive profile of child health is needed, a resource that will support interdivisional public health research activities and initiatives. HIP-KIDS, a Health Informatics Profile of Connecticut Children, will greatly enhance public health assurance and assessment activities within Connecticut, and will also inform public health policy.

OBJECTIVE

2006	2007	2008	2009	2010
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PERFORMANCE MEASURE:

Cumulative number of formal agreements, in the format of MOAs, collaborative agreements, etc., in each of the three population groups.

GOAL

The MCH Program proposes to collaborate and coordinate with state and local stakeholders committed to improving the health of women and children.

DEFINITION

The number of formal agreements between DPH and state/local partners to serve the needs of each of the three MCH population groups.

Numerator:

Cumulative number of formal agreements between DPH and state/local partners at the end of the current year.

Denominator:

Baseline number of formal agreements between DPH and state/local partners.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

The following 2010 Objectives relate to the overall goal of the State Performance Measure: 1-5. Usual primary care provider. 1.6 Difficulties or delays in obtaining needed health care. 16-6. Early and adequate prenatal care. 16-22. (Developmental) Access to medical home for CSHCN. 16-23. Service systems for CSHCN. 18-6. (Developmental) Mental health screening. 18-7. (Developmental) Treatment for children with mental health problems. 18-9. Treatment for adults with mental disorders.

21-2. Untreated dental decay. 21-10. Use of oral health care system. 21-12. Preventive dental services to low-income children and adolescents. 21-13. (Developmental) School-based health centers with an oral health component. 21-14. Oral health component to local health departments and community-based health centers.

Documented formal agreements reported by the Title V programs in each of the three MCH population groups

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

The MCH Program acknowledges that improving the health and well-being of women and children requires a collaborative response from state agencies and community providers. No one agency is able to address the complex health and social service needs of these vulnerable populations. For this reason, the MCH Program proposes to collaborate and coordinate with state and local stakeholders committed to improving the health of women and children. Specific issues best addressed through collaborations with state and local partners include increasing access to needed services such as mental health, oral health, specialty care and health services in rural communities, and expanding access to health insurance for low income populations.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

Percent of 9-12 graders who reported being in a fight within the past 12 months by race and ethnicity.

GOAL

To reduce the number of injuries to adolescents in grades 9-12 due to violence and intentional injury.

DEFINITION

Participation in a fight by students in grades 9-12.

Numerator:

Number of students in grades 9-12 who report being in a fight within the past 12 months by race and ethnicity.

Denominator:

Number of students in grades 9-12 by race and ethnicity completing the CT School Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

15-12. Injury-related hospital ED visits. 15-37. Physical assaults. 15-38. Physical fighting among adolescents.

DATA SOURCES AND DATA ISSUES

CT School Survey (previously known as the YRBS) in years 2007 and 2009. Progress in other years will rely on narrative reports from the Title V programs related to health education and intervention activities completed by Title V programs to reduce intentional injuries to the adolescent population.

SIGNIFICANCE

The increase in violence and intentional injuries poses a serious public health threat to the adolescent population. Participation in fights is one marker of violent behavior that often results in serious injuries. Efforts to decrease violent behavior will help reduce intentional injuries to adolescents.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent increase in the number of adolescents 10-20 years old who receive services in school based health centers

GOAL

To increase access to age-appropriate services for adolescents 10-20 years.

DEFINITION

Percent of adolescents 10-20 years who received services in school based health centers (SBHCs).

Numerator:

[Number of adolescents 10-20 years receiving services in SBHCs at the end of the current year – Number of adolescents 10-20 years receiving services in the previous year].

Denominator:

Number of adolescents 10-20 years receiving services in the previous year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-4b Source of ongoing care (Children and youth aged 17 years and under).

DATA SOURCES AND DATA ISSUES

Annual data reported by DPH-funded School Based Health Centers on number of students receiving services.

SIGNIFICANCE

Adolescents of diverse racial and ethnic backgrounds and low socioeconomic status living in rural communities are at increased risk for unintentional injuries, substance abuse, and mental health problems. The need for age-appropriate services for adolescents is often unmet due to the gap between pediatric and adult medical care services. Currently, school-based health centers are only reaching a portion of adolescents in CT because SBHCs are funded in a select number of schools. An additional subpopulation of adolescents is not reached because they are incarcerated, have dropped out of school or are migrant workers. Efforts to increase utilization of services offered by SBHCs will help meet and improve the health status of adolescents.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

Percent of schools that have used a program to reduce obesity through physical exercise and nutrition education programs.

GOAL

To reduce overweight/obesity in the child and adolescent population.

DEFINITION

The percent of schools in CT using an educational program to reduce obesity through physical exercise and nutrition education.

Numerator:

Number of public schools using an educational program to reduce obesity through the promotion of physical activity and nutrition education.

Denominator:

Total number of public schools.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7-2. School health education. 7-2h. Unhealthy dietary patterns. 7-2i. Inadequate physical activity. 19-3. Overweight or obesity in children and adolescents. 19-3a. Children aged 6-11 years. 19-3b. Adolescents 12-19 years. 19-3c. Children and adolescents aged 6-19 years. 22-8. Physical education requirements in schools.

DATA SOURCES AND DATA ISSUES

Data summaries from the State Department of Education related to school nutrition education and physical exercise programs to reduce obesity.

SIGNIFICANCE

Overweight and obesity have been increasing in children and adolescents, and is associated with poor health outcomes such as heart disease and Type II diabetes. For these reasons, this preventable condition has emerged as a top public health priority in CT. A formal exercise and nutrition program in schools will begin to address the problem by educating students and parents about healthy eating and promoting exercise through the Coordinated School Health Model.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

Percent of infants born to women under 20 years of age, by race and ethnicity, receiving prenatal care in the first trimester

GOAL

To increase access to preconception counseling and parenting education to women.

DEFINITION

Percent of mothers less than 20 years of age receiving prenatal care during the first trimester.

Numerator:

Number of women less than 20 years of age who received prenatal care during the first trimester of pregnancy.

Denominator:

Number of births to women less than 20 years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-6. Prenatal care. 16-6a. Care beginning in the first trimester of pregnancy. 16-6b. Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

CT Department of Public Health, Vital Records.

SIGNIFICANCE

There are disparities in many of the key health indicators among teens and minority populations compared to the adult population and White non-Hispanics. Lack of proper preconception counseling, parent education, and other parenting supports among minority and teen populations contributes to the disparate outcomes. Receipt of early prenatal care is one way to provide necessary medical and counseling services to improve birth outcomes and to educate women on other topics such as parenting and future pregnancies.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 7

PERFORMANCE MEASURE:

Percent of CYSHCN who receive respite and support services each year.

GOAL

To increase access to DPH funded family support services including respite care and the medical home system of care for CYSHCN.

DEFINITION

The percent of CYSHCN who receive needed respite and support services from DPH funded programs.

Numerator:

The number of CYSHCN receiving respite and support services from DPH funded programs.

Denominator:

The number of CYSHCN who indicate their need for respite and support services from DPH funded programs.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-6. Difficulties or delays in obtaining needed health care. 16-22. (Developmental) Medical homes for CSHCN. 16-23. Service systems for CSHCN.

DATA SOURCES AND DATA ISSUES

Medical home data collection system (DocSite).

SIGNIFICANCE

The national SLAITS survey estimates that there could be as many as 118,000 children with special health care needs living in Connecticut. Many of these children and their families struggle everyday to identify and access the family support services they need. Case management services, family counseling, home care, and respite care are just a few of the services these families need and often have trouble accessing in adequate amounts. Great strides have been made to identify and serve families with CYSHCN in the state, particularly families with young children but there are still many families who struggle and efforts need to be made to 1) improve access to family support and respite care, 2) increase the overall service capacity and the resources available for home and respite care, and 3) support families who have trouble identifying respite providers.

OBJECTIVE

2006	2007	2008	2009	2010
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